



Testimony of Sarah Calder, MaineHealth
In Opposition to LD 2199, “An Act to Prohibit Interference with the Professional Judgment and Clinical Decisions of Licensed Health Care Professionals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State”
February 18, 2026

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Sarah Calder, Senior Government Affairs Director for MaineHealth, and I am here today to testify in opposition to LD 2199, “An Act to Prohibit Interference with the Professional Judgment and Clinical Decisions of Licensed Health Care Professionals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our almost 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing high-quality and efficient care, which is demonstrated by the numerous national quality recognitions our hospitals have received and the fact that Maine was recently named as “Top State of the Decade for Patient Safety” by Leapfrog.

While MaineHealth fully supports protecting the professional judgment and clinical autonomy of licensed health care professionals, there must be systems in place to ensure quality of care, including appropriate clinical decision-making. We also have legal and ethical obligations to monitor performance, track quality metrics, and ensure patients receive timely and appropriate care. To that end, LD 2199 is overly broad and could undermine quality oversight, care coordination, and patient outcomes.

For example, the bill prohibits controlling:

- The amount of time spent with a patient or the number of patients seen in a given time period. MaineHealth uses metrics to track and monitor Emergency Department door-to-provider time and time to transfer to an inpatient bed. If a hospital sets expectations around timeliness of care, tracks those metrics, and reports them back to service lines for improvement purposes, including to reduce patient boarding and to prevent patient harm, would that now constitute prohibited interference?
- Where a patient should be placed upon discharge. Maine has lost 40% of its nursing facility beds since 2014. Currently, there are approximately 100 patients within the MaineHealth system awaiting residential placement and we were forced last year to send 104 patients out of state simply because no nursing facility bed was available in Maine. A

provider may agree with a family's preferred nursing facility, but if no bed is available, the patient may need to be discharged to another appropriate facility or sent out of state. Could that be construed as interference?

- Decisions involving the appropriate diagnostic test for medical conditions. As my colleagues and I have shared with this committee countless times the greatest tension around diagnostic testing is not between hospitals and providers, but between providers and insurance companies that deny or delay coverage for tests. MaineHealth does not prevent our providers from ordering the appropriate tests, but to prevent both financial harm to the organization and the patient, we must navigate payer requirements. Could this be construed as interference?
- The exercise of professional judgment or other clinical decision making by a licensed health care professional with independent practice authority. While some advanced practice providers have independent practice authority under state law, MaineHealth requires physician supervision or collaborative oversight, which involves clinical direction and shared decision-making. Would this supervision structure constitute prohibited interference?

Health systems are responsible for patient outcomes, accreditation standards, malpractice risk, and compliance with federal and state law. While well-intentioned, LD 2199 is overly broad and could prohibit quality improvement, care coordination, and oversight activities. For these reasons, we respectfully urge the Committee to vote Ought Not to Pass.

Thank you for your consideration and I would be happy to answer any questions.